

# Leaving Covered Employment

*What SCRS and PORS  
Members Need to Know*



*If You Leave Your Funds on Deposit,  
Keep This Guide for Future Reference*

**July 2005 Edition**

## Table of Contents

|  |    |
|--|----|
| We Have Your Money .....                               | 1  |
| The Purpose of This Guide.....                         | 1  |
| Leaving Covered Employment .....                       | 1  |
| Refund of Contributions.....                           | 2  |
| Taxes on a Refund of Contributions.....                | 2  |
| Request a Rollover of Contributions .....              | 3  |
| Refund/Rollover Equals Withdrawn Service .....         | 3  |
| Leaving Your Funds on Deposit .....                    | 4  |
| Applying for a Deferred Retirement Annuity .....       | 4  |
| Keep Your Retirement Account Information Current.....  | 5  |
| To Do List.....  | 6  |
| Refund Request (Form 4101).....                        | 7  |
| SCRS Service Retirement Application (Form 6101S) ..... | 9  |
| PORS Service Retirement Application (Form 6101P) ..... | 11 |
| Retirement Plan Enrollment (Form 1100).....            | 13 |
| Beneficiary Form (Form 1102).....                      | 15 |
| Notes .....  | 17 |

**Employers covered by the South Carolina Retirement Systems are not agents of the Retirement Systems.**

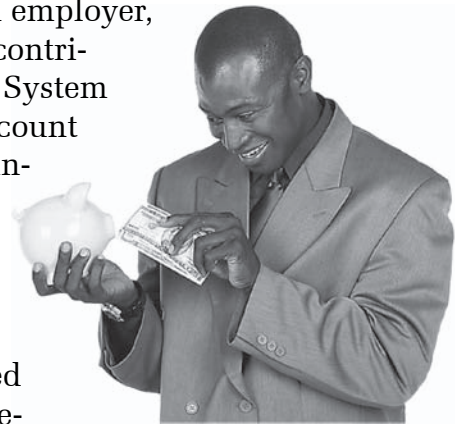
**The information in this guide is meant to serve as a guide, but does not constitute a binding representation of the South Carolina Retirement Systems. The statutes governing the South Carolina Retirement Systems are found in Title 9 of the South Carolina Code of Laws, and should there be any conflict between this guide and the statutes or the Retirement Systems' policies, the statutes and policies will prevail. Because state statutes are subject to change by the General Assembly, please contact us for the most current information.**

*Duplication of this guide, either in part or in whole, is forbidden without the express written permission of the South Carolina Retirement Systems.*

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

## **We Have Your Money**

Your employer has given you this guide because you have terminated or are terminating your employment with an employer covered by the South Carolina Retirement Systems. Even if you never return to work for a covered employer, you are still a member of the Retirement Systems. The contributions you made into your South Carolina Retirement System (SCRS) or Police Officers Retirement System (PORS) account during your employment will remain in your account unless you take action.



## **The Purpose of This Guide**

This guide is designed to explain the options available to you once you have left covered employment. Included in this guide for your convenience are all of the forms referred to throughout the guide. These forms are also available on the Retirement Systems' Internet Web site at [www.retirement.sc.gov](http://www.retirement.sc.gov), or by contacting Customer Services at (800) 868-9002, (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov).



## **Leaving Covered Employment**

As an active member, you contribute a tax-deferred 6.25 (SCRS) or 6.5 (PORS) percent of your gross pay into your Retirement Systems account. If no contributions are reported after one fiscal year, your account becomes inactive; however, it continues to accrue interest at the rate of 4 percent per year.

If you terminate employment with **fewer than five years** of earned service, you may have your contributions plus interest paid directly to you, roll over the taxable funds into another eligible retirement plan, or leave your contributions in your retirement account to continue to accrue interest. It is your responsibility, however, to contact us to apply for a refund.

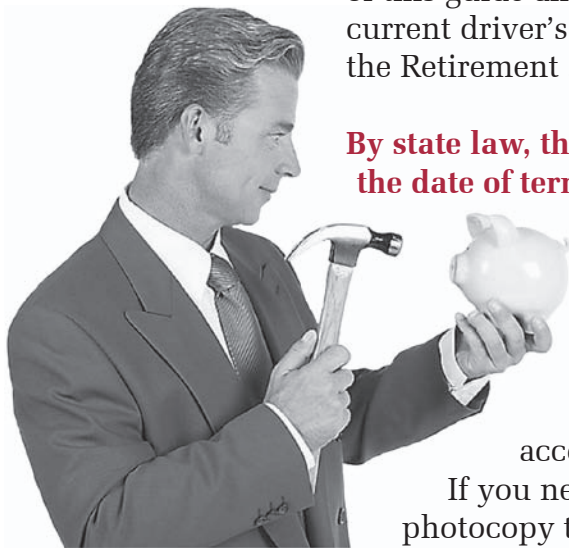


If you have **at least five years** of earned service credit when you terminate employment, you may also leave your contributions in your retirement account and become eligible to apply for a deferred retirement annuity as early as age 60 (SCRS) or age 55 (PORS). **With fewer than five years of earned service, you will not be eligible to apply for a deferred annuity.**

If you would like to receive an annual inactive member statement, you must make sure that you notify the Retirement Systems of any and all address changes. Inactive member statements are mailed only to inactive members for whom we have a valid address. You may contact Customer Services at (800) 868-9002, (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov) to update your address or request a statement of your account at any time.

## Refund of Contributions

You may apply for a refund of your contributions plus interest if you are not employed by a covered employer. Simply complete the *Refund Request* (Form 4101) on Pages 7-8 of this guide and return it, along with a legible copy of your current driver's license or state-issued identification card, to the Retirement Systems.



**By state law, there is a minimum 90-day waiting period from the date of termination until a refund can be made.** If you

have an SCRS account and a PORS account, you may not request a refund unless you are no longer a contributing member of either system.

You must complete a Form 4101 for each account from which you are requesting a refund.

If you need more than one Form 4101, you may either photocopy the Form 4101 on Pages 7-8 of this guide; contact the Retirement Systems at (800) 868-9002, (803) 737-

6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov); or download a Form 4101 from our Internet Web site at [www.retirement.sc.gov](http://www.retirement.sc.gov).

**You do not have to request a refund upon termination from covered employment. If you choose to wait, you may request a refund at any time in the future.**

## Taxes on a Refund of Contributions

Your retirement account may include both pre-tax and after-tax contributions. Contributions made after June 30, 1982, and all interest earned, plus any rollovers made



to purchase service, are considered pre-tax (deferred contributions) and are taxable when paid directly to you. Contributions made prior to July 1, 1982, and previously purchased service paid by personal check or through the Retirement Systems' original after-tax Installment Service Purchase program are considered after-tax (non-deferred) and are nontaxable when paid to you.

The Internal Revenue Service (IRS) requires the Retirement Systems to withhold federal taxes of 20 percent on any taxable portion of your refund that is eligible for a rollover but is not transferred directly into another eligible retirement plan. State taxes may also apply. Refunds paid to beneficiaries upon your death may be subject to different tax withholding regulations.

If you do not take advantage of a rollover and are under the age of 59½, there will be a 10 percent penalty tax imposed on the taxable portion of your distribution when your federal income tax return is submitted. There are exceptions to this penalty tax. You may want to check with an accountant or tax advisor regarding your tax liability, or go to the IRS's Internet Web site at [www.irs.gov](http://www.irs.gov). You may access the South Carolina Department of Revenue's Internet Web site at [www.sctax.org](http://www.sctax.org).



## **Request a Rollover of Contributions**

The taxable portion of your distribution (refund) is eligible for a tax-deferred rollover to an Individual Retirement Account (IRA), a 401(k) plan, a 401(a) plan, a 403(b) plan, or some 457 plans. The South Carolina Deferred Compensation Program's 457 plan will not accept rollovers from your Retirement Systems' account.

You may elect to roll over all or any part of your taxable contributions plus interest. Check with the plan to which you wish to rollover your taxable contributions to make sure the plan will accept your rollover. If you elect a partial rollover, the Retirement Systems will send you a check for the remainder of your account.

## **Refund/Rollover Equals Withdrawn Service**

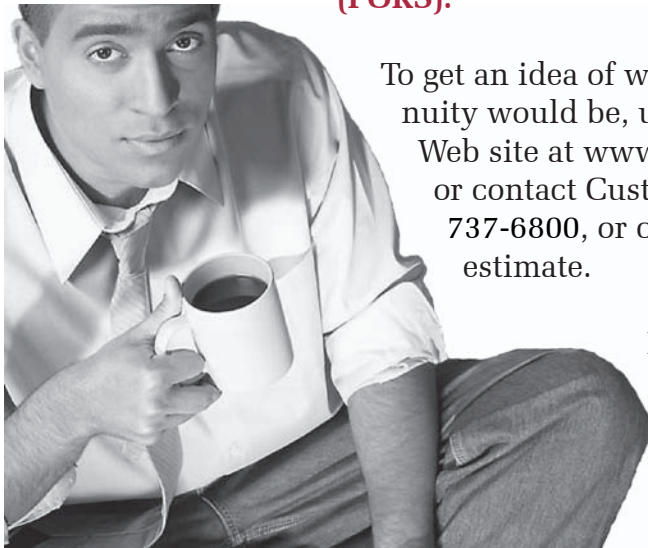
Once the funds in your retirement account have been distributed to you as a refund and/or rollover, you no longer have service credit in the Retirement Systems. Withdrawing your retirement contributions and interest removes any service credit you earned during your covered employment. By taking a distribution of your SCRS or

PORS account contributions plus interest, you also forfeit your rights to any future service retirement or disability retirement benefits.

If you return to active membership, you may reestablish your withdrawn service by repaying the amount you withdrew plus interest to the date the Retirement Systems receives your request.

## **Leaving Your Funds on Deposit**

You may leave your funds on deposit with the Retirement Systems regardless of how many years of earned service you have. **If you have five or more years of earned service and choose to leave your funds on deposit with the Retirement Systems, you will be eligible to apply for a deferred retirement annuity age 60 (SCRS) or age 55 (PORS).**



To get an idea of what your monthly deferred retirement annuity would be, use the benefits calculator on our Internet Web site at [www.retirement.sc.gov/estimate/index.html](http://www.retirement.sc.gov/estimate/index.html), or contact Customer Services at (800) 868-9002, (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov) to request a benefit estimate.

If you decide to leave your funds on deposit, keep this guide with your important records so that you will have the information you need to apply for a deferred retirement annuity once you reach age 60 (SCRS) or age 55 (PORS).

## **Applying for a Deferred Retirement Annuity**

When you become eligible to apply for a deferred retirement annuity at age 60 (SCRS) or age 55 (PORS), complete either the SCRS *Application for Service Retirement Benefits* (Form 6101S) on Pages 9-10 of this guide or the PORS *Application for Service Retirement Benefits* (Form 6101P) on Pages 11-12 of this guide. Send your completed Form 6101 to the Retirement Systems. If you need assistance in completing Form 6101, contact Customer Services at (800) 868-9002, (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov).

You must file an application to receive a deferred retirement annuity; it is not automatic. If you elect to file an application for a deferred retirement annuity, it is important to do so as early as six months prior to your desired effective date of retirement since, by statute, we cannot establish a date of retirement more than 90 days retroactively.

## Keep Your Retirement Account Information Current

As an inactive member, it is very important, and easy, to keep your address and beneficiaries current with the Retirement Systems.

As long as you are not receiving an annuity or do not have a pending refund claim, you may change your address by telephone or in writing. If you are receiving an annuity or have a pending refund claim, you must notify us of an address change in writing. You may also use the *Retirement Plan Enrollment* (Form 1100) on Pages 13-14 of this guide to change your address at any time.

To find out who the designated beneficiaries for your account are, contact Customer Services at (800) 868-9002, (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov). If you keep your address current with the Retirement Systems, you will receive an inactive member statement each year that lists your designated beneficiaries.



If you would like to change your beneficiaries prior to retirement (age 60 or older for SCRS, or age 55 or older for PORS), please complete the *Beneficiary Form* (Form 1102) on Pages 15-16 of this guide and return it to the Retirement Systems.

*It is important to keep your address and beneficiaries current at all times. Contact Customer Services at (800) 868-9002, (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov) for assistance.*



## To Do List

1. *Decide whether to leave my money on deposit with the Retirement Systems, or apply for a refund or a rollover.*
2. *If I have five or more years of earned service when I left employment, decide whether to leave my money on deposit with the Retirement Systems and apply for a deferred retirement annuity six months prior to age 60 (SCRS) or age 55 (PORS).*
3. *Notify the Retirement Systems of any and all address changes!*
4. *Notify the Retirement Systems of any and all beneficiary changes.*



|  |  |  |       |   |                        |
|--|--|--|-------|---|------------------------|
| Form 4101<br>Revised 03/03/2005<br>Page 1<br><b>PRINT OR TYPE IN INK</b>   |  | <b>REFUND REQUEST</b><br><b>State Budget and Control Board, South Carolina Retirement Systems</b><br><b>Customer Service Refund Claims</b><br><b>Box 11960, Columbia, SC 29211-1960</b>  |       | <b>CHECK ONE:</b><br><input type="checkbox"/> SC Retirement System<br><input type="checkbox"/> Police Officers Retirement System  |                        |
| <b>Section I MEMBER / ALTERNATE PAYEE INFORMATION</b>  |  |  |       |   |                        |
| Last Name & Suffix   |  | First/Middle Name  |       | Date of Birth   | Social Security Number |
| Mailing Address  |  |  |       | Former/Maiden Name (if applicable)  |                        |
| City   |  | State  | ZIP+4 | Telephone Number  |                        |
| <input type="checkbox"/> Check here if you are the alternate payee under a Qualified Domestic Relations Order (Member SSN _____)   |  |  |       |   |                        |
| <p>I do hereby apply for a refund of the total amount of contributions plus interest credited to me in the above-checked Retirement System. I understand that upon payment of such amount I do hereby waive for myself, my heirs, and assigns all my rights, title, and interest in any fund under the care and control of this Retirement System. <b>I also understand that by receiving a refund that I am forfeiting my service credit and giving up all rights to any future service retirement or disability retirement benefits.</b> I further understand that <b>my refund request will be canceled if I return to employment covered by the Retirement Systems prior to payment of my refund. This includes any employment for which I am eligible to join the SC Retirement System, the Police Officers Retirement System, or the State Optional Retirement Program.</b></p> <p>NOTE: The Retirement Act states that refunds are payable within 6 months after demand, but not less than 90 days after termination of employment. All required paperwork must be received from the member and the employer before a refund can be paid.</p> <p>I terminated from _____ on _____<br/>Employer Date</p> |  |  |       |   |                        |
| <b>Section II For your refund payout, please select ONE of the payment methods below. (See page 2 for detailed explanation.)</b>   |  |  |       |   |                        |
| <input type="checkbox"/> <b>Lump-Sum Payment</b><br>Pay the total refund amount (less required federal tax withholding) directly to me.  |  | <input type="checkbox"/> <b>Direct Rollover</b><br>Rollover the taxable portion of my refund to the trustee/plan named below.<br>The portion you rollover will not be taxed until you take it out of the eligible plan.<br>(Information must be provided in Section III) |       | <input type="checkbox"/> <b>Partial Rollover</b><br>Rollover the <b>Partial Amount of</b> \$ _____ to the trustee/plan named below. Pay the remaining balance directly to me in a lump-sum payment.<br>(Information must be provided in Section III)  |                        |
| <b>Section III COMPLETE THIS SECTION IF YOU SELECTED A DIRECT OR PARTIAL ROLLOVER ABOVE.</b>   |  |  |       |   |                        |
| Account Number With Trustee/Plan (Limit to 25 characters)<br>_____<br>Name of Trustee/Plan _____<br>_____<br>P.O. Box or Street Address _____<br>_____<br>City _____ State _____ Zip + 4 _____   |  |  |       | <b>Account Types Available</b><br>(Check only ONE box)<br><input type="checkbox"/> IRA <input type="checkbox"/> Annuity Plan - 403(b)<br><input type="checkbox"/> Qualified Plan - 401(k) or 401(a)<br><input type="checkbox"/> Other-see instructions on page 2<br>Specify Plan Name _____ |                        |
| <b>You must attach a legible copy of your current driver's license or special identification card issued by your State Department of Transportation or Public Safety.</b>  |  |  |       |   |                        |
| <b>Please read all information on page 2 before signing this form IN BLUE INK.</b>   |  |  |       |   |                        |
| I hereby certify I have read and understand the information on this form, including the tax rules, and I agree to the terms stated.  |  |  |       |   |                        |
| MEMBER'S OR ALTERNATE PAYEE'S SIGNATURE _____  |  |  |       | Date: _____   |                        |
| <small>(Certified copy of legal authorization required with signature other than applicant's)</small>  |  |  |       |   |                        |
| WITNESS _____  |  |  |       | Date: _____   |                        |
| <small>(Required only when signed by a mark)</small>   |  |  |       |   |                        |
| STATE OF _____   |  |  |       | COUNTY OF _____   |                        |
| ACKNOWLEDGED BEFORE ME THIS DATE _____   |  |  |       | NOTARY NAME _____   |                        |
| <small>(Please print)</small>  |  |  |       |   |                        |
| MY COMMISSION EXPIRES _____  |  |  |       | NOTARY SIGNATURE _____  |                        |
| NOTARY BUSINESS PHONE _____  |  |  |       |   |                        |
| Please call SC Retirement Systems Customer Service with any questions: 1-800-868-9002 (in state) or 803-737-6800   |  |  |       |   |                        |
| <b>THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.</b>   |  |  |       |   |                        |



**When you receive a refund you forfeit your retirement service credit and give up rights to any future service retirement or disability retirement benefits.** If you return to work for an employer covered by the Retirement Systems after receiving your refund check and rejoin the system, you may request to pay back with interest your withdrawn (refunded) member contributions and interest. When you leave the funds in your retirement account, you retain your years of service credit, which may be added to any future service you may accrue, should you later be employed in a position covered by the Retirement Systems. If you have 5 or more years of service credit and you choose to leave these funds in the Retirement Systems, you will be entitled to a monthly benefit for life at retirement (age 60 or age 55 with 25 years of service under SCRS or age 55 under PORS). If you joined the Retirement Systems on or after January 1, 2001, you must have a minimum of 5 years of earned (not purchased) service credit to receive a monthly benefit. Should you choose a refund, there are some important tax consequences (see below and IRS Publication 575, available at [www.irs.gov](http://www.irs.gov)).

### **SPECIAL TAX RULES**

This payment from the South Carolina Retirement Systems is classified as a Qualified Total Distribution under Internal Revenue Code Section 401(a) and will be reported to the Internal Revenue Service on Form 1099R. This distribution may consist of both taxable and nontaxable income.

#### **Rollover**

**A rollover is a tax-free transfer from one retirement plan to another. If you are the retirement plan participant, or if you are the former spouse of the participant and an acceptable Qualified Domestic Relations Order (QDRO) exists, the taxable portion of the refund is eligible for rollover to an IRA, 403(b) plan, 457 plan, 401(k) plan, or other 401(a) plan (an "eligible" plan). You may elect to rollover all or any part of the taxable portion of your refund. The portion rolled over will not be taxed until you take it out of the eligible plan.**

A rollover may be accomplished by: 1) a direct transfer by the South Carolina Retirement Systems on your behalf to an eligible plan; or 2) a rollover by you to an eligible plan within sixty (60) days of receipt of the distribution. **ANY AMOUNT ELIGIBLE FOR ROLLOVER NOT DIRECTLY TRANSFERRED BY THE SOUTH CAROLINA RETIREMENT SYSTEMS TO AN ELIGIBLE PLAN MUST HAVE FEDERAL TAXES WITHHELD AT A RATE OF TWENTY PERCENT (20%).** If you do not choose a direct transfer, you can still decide to rollover all or part of the taxable portion of your refund within 60 days of receipt of the distribution. However, you must find other money to replace the 20% withheld if you want to rollover 100% of the taxable portion of your refund.

A rollover from the Retirement Systems 401(a) plan is not allowed into the South Carolina 457 Deferred Compensation Plan. If you intend to roll over funds from the Retirement Systems 401(a) plan into a governmental 457 plan other than the South Carolina 457 Deferred Compensation Plan, verify with that Plan Administrator that the 457 plan accepts rollovers. If it does accept rollovers from the Retirement Systems 401(a) plan, check the "Other" box and provide the plan name.

#### **Under Age 59 1/2 and Do Not Elect Rollover**

If you do not take advantage of a rollover as indicated above and are under the age of 59 1/2 at the time of distribution, your distribution will be subject to regular income tax in the year you receive the payment, plus **THERE WILL BE A 10% PENALTY TAX ON THE TAXABLE PORTION OF YOUR DISTRIBUTION.** The 10% penalty tax will be due when your income tax return is filed. This tax penalty does not apply to distributions due to death, disability, separation from service in or after the year in which you reach age 55, or distribution pursuant to a QDRO--see Special Tax Rules in IRS Publication 575 and IRS Form 5329 for more information on this tax penalty.

#### **Born Before 1936 and Do Not Elect Rollover**

If you were born before 1936, the ordinary income portion of your distribution may be eligible for 10-year averaging based on the tax rates in effect in the year of distribution, and the capital gains portion may be taxed as a long-term capital gain at a rate of 20%. Averaging often reduces the tax you owe because it treats the payment as if it were paid out over 10 years.

This special tax treatment discussed above requires that your refund must be a lump-sum distribution. A distribution cannot be treated as a lump-sum distribution unless you have been a plan participant for at least 5 years preceding the tax year in which the distribution was received. The 5-year participation requirement does not apply if this refund is made to the beneficiary or estate on account of the participant's death. You may elect to use the special tax treatment for income averaging and capital gains only once per employee, and the election applies to all lump-sum distributions you received in that year. This election is made by completing Form 4972 with your annual income tax return.

#### **Withholding**

A taxable distribution eligible for rollover but paid directly to you will generally be subject to an automatic federal withholding rate of 20%.

#### **South Carolina Income Taxes**

The taxable portion of this refund will be subject to South Carolina income taxes in the year in which you receive your refund. The above federal provisions (except for the additional 10% penalty tax and the mandatory 20% withholding) also apply in computing South Carolina income taxes.

The tax laws are complex and always changing. You should consult your personal tax advisor with regard to the application of all federal and state taxes on benefits received from the South Carolina Retirement Systems.

**Please notify us, in writing, should your address change prior to the payment of your refund or prior to the receipt of your 1099R. For tax reporting purposes, 1099Rs are mailed no later than January 31 each year for the previous calendar year's refund. If you return to work for an employer covered by the Retirement Systems prior to receiving your refund check, your refund request will be canceled.**



| FOR DATES OF RETIREMENT OF JULY 1, 2005, OR AFTER  |  |  |   | OFFICE USE ONLY   |  |
|--|--|--|---|---|--|
| Form 6101S<br>Revised 06/13/2005<br>Page 1   |  | <b>SCRS SERVICE RETIREMENT APPLICATION</b><br>State Budget and Control Board<br>South Carolina Retirement Systems<br>P.O. Box 11960, Columbia, SC 29211-1960 |   | <input type="checkbox"/> <b>SCRS</b><br><input type="checkbox"/> Correlated _____<br><input type="checkbox"/> Disability pending<br><input type="checkbox"/> TERI Participant |  |
| The member must be off the payroll from all employment under South Carolina Retirement System, Police Officers Retirement System, or the State Optional Retirement Program as of the effective date of retirement. Applications for retirement may be filed as early as six month prior to, and up to three months after, your service retirement effective date.  |  |  |   |   |  |
| <b>Section I</b> (Attach Your Birth Certificate)   |  | <b>PERSONAL INFORMATION</b>  |   | <b>TYPE OR PRINT IN BLUE INK</b>  |  |
| LAST NAME & SUFFIX (Jr., Sr., etc.)  |  | FIRST/MIDDLE NAME  |   | SOCIAL SECURITY NUMBER  |  |
| Address  |  |  | Date of Birth (proof required)                                  |   | Sex <input type="checkbox"/> M<br><input type="checkbox"/> F   |
| City   |  | State  | ZIP+4   | Home Phone  | Work Phone   |
| <b>Section II SCRS RETIREMENT PLAN ELECTION AND BENEFICIARY DESIGNATION</b>  |  |  |   |   |  |
| YOUR PAYMENT PLAN MAY NOT BE CHANGED ONCE BENEFITS ARE FIRST PAYABLE, except as noted on the reverse side. If designating more than three beneficiaries, complete and attach an additional Form 6101S. For all plans, attach a copy of your birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. For any joint retiree-survivor plan, attach your beneficiary's birth certificate. |  |  |   |   |  |
| <input type="checkbox"/> Check here if payments are to be paid through a trust and attach a completed Form 1113, Certification of Trust.   |  |  |   |   |  |
| <input type="checkbox"/> <b>OPTION A (Maximum-Retiree Only)</b><br><input type="checkbox"/> <b>OPTION B (100% - 100% Joint Retiree-Survivor)</b><br><input type="checkbox"/> <b>OPTION C (100% - 50% Joint Retiree-Survivor)</b>   |  |  |   |   |  |
| 1. Name of Beneficiary   |  | Social Security #/Federal ID#  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth   | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |
| 2. Name of Beneficiary   |  | Social Security #  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth   | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |
| 3. Name of Beneficiary   |  | Social Security #  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth   | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |
| <b>Section III</b>   |  |  |   |   |  |
| <input type="checkbox"/> <b>RETIREE GROUP LIFE INSURANCE</b><br><input type="checkbox"/> CHECK IF SAME BENEFICIARY(IES) AS IN SECTION II   |  |  |   |   |  |
| 1. Name of Beneficiary   |  | Social Security #/Federal ID#  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth   | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |
| 2. Name of Beneficiary   |  | Social Security #  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth   | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |
| 3. Name of Beneficiary   |  | Social Security #  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth   | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |
| <b>Section IV EMPLOYMENT INFORMATION</b>   |  |  |   |   |  |
| Current/Former Employer(s)   |  |  | Your Position Title   |   |  |
| Last day on payroll will be or was: _____  |  | Effective Date of Retirement <input type="checkbox"/> Day following last day on payroll <input type="checkbox"/> Specific date: _____                        |   |   |  |
| Do you plan to defer your retirement benefits through the Teacher and Employee Retention Incentive (TERI) program? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please attach a completed Form 6201 from your employer indicating the dates of your TERI period.  |  |  |   |   |  |
| <b>Section V SIGNATURE STATEMENT</b>   |  |  |   |   |  |
| Please read the Authorization section of the instructions on the reverse (page 2) before signing this form IN BLUE INK.  |  |  |   |   |  |
| I hereby certify I have read and understand the information on the reverse side (page 2), including the authorization, and I agree to the terms stated.  |  |  |   |   |  |
| MEMBER'S SIGNATURE _____ DATE _____<br>(Certified copy of legal authorization required with signature other than applicant's)  |  |  |   |   |  |
| WITNESS _____ DATE _____<br>(Required only when signed by mark)  |  |  |   |   |  |
| <b>THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.</b>   |  |  |   |   |  |
| Please call SC Retirement Systems Customer Service with any questions: 1-800-868-9002 (in state) or (803) 737-6800   |  |  |   |   |  |



**SOUTH CAROLINA RETIREMENT SYSTEM (SCRS)  
ELIGIBILITY CRITERIA FOR SERVICE RETIREMENT  
Effective July 1, 2005**

**Normal Retirement:** 28 years of service credit (five years of which must be earned service) or age 65 with five years of earned service  
**Early Retirement:** Age 55 with 25 years of service credit (five years of which must be earned service) or age 60 with five years of earned service

**Disclaimer:** Service credit previously recorded on member statements or benefit estimates does not necessarily constitute automatic eligibility to retire. All accounts are audited after the application is received to determine eligibility. Please file your application as early as possible (up to six months prior to your planned retirement date) so the Retirement Systems may audit your account, determine eligibility, and notify you in writing that you are eligible for retirement. The following is provided as general information and is subject to change based on prevailing statutes at the time of the event in question. Contact Customer Service at 1-800-868-9002 or 803-737-6800 for forms, information about current statutes, or assistance with retirement matters.

**RETIREE GROUP LIFE INSURANCE ELIGIBILITY**

- Coverage is based on your years of SCRS service credit at retirement:  
1-9 years: \$ 0    10-19 years: \$2000    20-27 years: \$4000    28 + years: \$6000
- Your employer must be covered by the SCRS group life insurance program at the time of your death.
- If you are a retired contributing member at the time of your death and your current employer is covered by the group life insurance program, your coverage will be your annual compensation at the time of death, in lieu of the regular retiree group life coverage.

**MONTHLY PAYMENT PLAN SUMMARY**

All payment plans require a copy of the member's birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. If you are selecting a joint retiree-survivor plan, a copy of each beneficiary's birth certificate must be supplied. Please attach copies of birth certificates to your application--originals will not be returned. You may select only one payment plan. Your payment plan may not be changed after benefits have begun unless prevailing statutes allow a change under certain conditions--see General Information on Changing Beneficiaries and Options After Retirement below.

**Option A (Maximum - Retiree Only).** This plan will pay you a standard lifetime benefit based on your average final compensation, years of service, and a multiplier (.0182 for Class II or .0145 for Class I). Upon your death, the Retirement Systems will return, through a lump-sum payment to your beneficiary, any member contributions and interest (including contributions made as a retired contributing member) not paid to you in benefits during your retirement.

**Option B (100% - 100% Joint Retiree-Survivor).** You will receive a reduced (from the maximum) monthly benefit for life and, upon your death, the benefit (100% of your benefit, including granted cost-of-living increases, but excluding any minimum benefit supplement) will continue throughout your beneficiary's lifetime. If your designated beneficiary predeceases you, your benefit will revert to Option A (maximum payment plan), including cost-of-living increases granted since your retirement date.

**Option C (100% - 50% Joint Retiree-Survivor).** You will receive a reduced (from the maximum) monthly benefit for life and, upon your death, one-half of the benefit (50% of your monthly benefit, including granted cost-of-living increases, but excluding any minimum benefit supplement) will continue throughout your beneficiary's lifetime. If your designated beneficiary predeceases you, your benefit will revert to Option A (maximum payment plan), including cost-of-living increases granted since your retirement date.

**INFORMATION ABOUT DESIGNATING SCRS BENEFICIARIES**

The beneficiary designations you make on this application will become valid only upon your effective date of retirement.

**ESTATE**

**Option A (Maximum):** Your estate may be named to receive any contributions and interest not paid to you.

**Survivor Options (B, C):** Your estate may not be named to receive a monthly benefit.

**NOTE:** If you name your estate, upon your death, payment will be made to the designated personal representative.

**MULTIPLE BENEFICIARIES**

**Option A (Maximum):** Each surviving beneficiary will receive an equal share of any contributions and interest not paid to the retiree. If any beneficiary predeceases the member, the remaining beneficiaries will receive equal shares of any unused contributions and interest.

**Survivor Options (B, C):** Each beneficiary will receive an equal share of the monthly benefit. If any beneficiary predeceases the member, the deceased beneficiary's share ends and the remaining beneficiaries will receive their normal monthly entitlements.

**Trustees (All Plans):** Trustee designations are allowed for all payment plans. You must create the trust in a separate document and attach this trust document and a completed Form 1113, Certification of Trust, to your retirement application.

**Group Life Insurance:** You may name one or more beneficiaries, your estate, or one or more trustees.

**GENERAL INFORMATION ON CHANGING BENEFICIARIES AND OPTIONS AFTER RETIREMENT**

**Retiree Group Life Insurance:** You may change your beneficiary at any time regardless of the payment plan selected.

**Option A (Maximum):** You may change your beneficiary at any time. If you have a change in marital status you may also select a new option within one year of the change in marital status (After you retire, your spouse dies, you marry, or you divorce).

**Survivor Options (B, C):** If all of your designated beneficiaries predecease you, your benefit will revert to Option A (maximum). You must notify the Retirement Systems upon the death of your beneficiary. You may then select a new beneficiary under Option A. If you have a change in marital status you may select a new option within one year of the change in marital status (After you retire, your spouse dies, you marry, or you divorce).

Your form of monthly payment (payment plan) may not be changed more than twice regardless of the number of events (death of a designated beneficiary or change in marital status) that occur. A reversion to Option A upon the death of your beneficiary will count as one of the two changes. If a second beneficiary predeceases you after you have again selected Option B or Option C, you will revert automatically to Option A; however, no further form of payment changes will be allowed.

**AUTHORIZATION:** I hereby authorize the Retirement Systems to make any and all payments due, in the event of my death, to the beneficiaries designated on page 1 (or subsequent valid recertifications) in accordance with the rules, regulations, and statutes of the South Carolina Retirement System. I agree on behalf of myself and my heirs and assigns that any payments so made shall be a complete discharge of the claim or claims and shall constitute a release of the Retirement Systems from any further obligation on account of the benefit(s). In the event my beneficiaries predecease me, my estate will automatically become my beneficiary for payments due, unless I subsequently nominate new beneficiaries (if applicable). I reserve the right to change the designated beneficiaries by a written designation filed with the Retirement Systems in accordance with prevailing rules, regulations, and statutes.



| FOR DATES OF RETIREMENT OF JULY 1, 2005, OR AFTER   |  |   |   |                                | OFFICE USE ONLY  |  |
|---|--|---|---|--------------------------------|--|--|
| Form 6101P<br>Revised 06/13/2005<br>Page 1  |  |   | <b>PORS SERVICE RETIREMENT APPLICATION</b><br><b>State Budget and Control Board</b><br><b>South Carolina Retirement Systems</b><br><b>P.O. Box 11960, Columbia, SC 29211-1960</b> |                                |  | <input type="checkbox"/> <b>PORS</b><br><input type="checkbox"/> Correlated _____<br><input type="checkbox"/> Disability Pending _____ |
| The member must be off the payroll from all employment under South Carolina Retirement System, Police Officers Retirement System, or the State Optional Retirement Program as of the effective date of retirement. Applications for retirement may be filed as early as six months prior to, and up to three months after, your service retirement effective date.  |  |   |   |                                |  |  |
| <b>Section I</b> (Attach Your Birth Certificate)  |  | <b>PERSONAL INFORMATION</b>   |   |                                | <b>TYPE OR PRINT IN BLUE INK</b>   |  |
| <b>LAST NAME &amp; SUFFIX</b>   |  | <b>FIRST/MIDDLE NAME</b>  |   | <b>SOCIAL SECURITY NUMBER</b>  |  |  |
| Address   |  |   |   | Date of Birth (proof required) |  | Sex <input type="checkbox"/> M<br><input type="checkbox"/> F   |
| City  |  | State   | ZIP+4   | Home Phone                     |  | Work Phone   |
| <b>Section II PORS RETIREMENT PLAN ELECTION AND BENEFICIARY DESIGNATION</b>   |  |   |   |                                |  |  |
| YOUR PAYMENT PLAN MAY NOT BE CHANGED ONCE BENEFITS ARE FIRST PAYABLE, except as noted on the reverse side. If designating more than three beneficiaries, complete and attach an additional Form 6101P. For all plans, attach a copy of your birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. For any joint retiree-survivor plan, attach your beneficiary's birth certificate.  |  |   |   |                                |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check here if payments are to be paid through a trust and attach a completed Form 1113, Certification of Trust.           </div> <div> <input type="checkbox"/> <b>OPTION A (Maximum-Retiree Only)</b><br/> <input type="checkbox"/> <b>OPTION B (100% - 100% Joint Retiree-Survivor)</b><br/> <input type="checkbox"/> <b>OPTION C (100% - 50% Joint Retiree-Survivor)</b> </div> </div> |  |   |   |                                |  |  |
| 1. Name of Beneficiary  |  | Social Security #/Federal ID#   | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F   | Date of Birth                  | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |  |
| 2. Name of Beneficiary  |  | Social Security #   | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F   | Date of Birth                  | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |  |
| 3. Name of Beneficiary  |  | Social Security #   | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F   | Date of Birth                  | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |  |
| <b>Section III</b> <input type="checkbox"/> <b>RETIREE GROUP LIFE INSURANCE</b>   |  |   |   |                                |  |  |
| <b>CHECK IF SAME BENEFICIARY(IES) AS IN SECTION II</b>  |  |   |   |                                |  |  |
| 1. Name of Beneficiary  |  | Social Security #/Federal ID#   | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F   | Date of Birth                  | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |  |
| 2. Name of Beneficiary  |  | Social Security #   | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F   | Date of Birth                  | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |  |
| 3. Name of Beneficiary  |  | Social Security #   | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F   | Date of Birth                  | Relationship (Check one)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Son<br><input type="checkbox"/> Daughter <input type="checkbox"/> Other |  |
| <b>Section IV</b> <b>EMPLOYMENT INFORMATION</b>   |  |   |   |                                |  |  |
| Current/Former Employer(s)  |  |   |   | Your Position Title            |  |  |
| Last day on payroll will be or was: _____   |  | Effective Date of Retirement (choose one): <input type="checkbox"/> Day following last day on payroll <input type="checkbox"/> Specific date: _____ |   |                                |  |  |
| <b>Section V</b> <b>SIGNATURE STATEMENT</b>   |  |   |   |                                |  |  |
| <b>Please read the Authorization section of the instructions on the reverse (page 2) before signing this form IN BLUE INK.</b><br>I hereby certify I have read and understand the information on the reverse side (page 2), including the authorization, and I agree to the terms stated.   |  |   |   |                                |  |  |
| MEMBER'S SIGNATURE _____ DATE _____<br><small>(Certified copy of legal authorization required with signature other than applicant's)</small>  |  |   |   |                                |  |  |
| WITNESS _____ DATE _____<br><small>(Required only when signed by mark)</small>  |  |   |   |                                |  |  |
| <b><u>THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.</u></b>   |  |   |   |                                |  |  |
| Please call SC Retirement Systems Customer Service with any questions: 1-800-868-9002 (in state) or (803) 737-6800  |  |   |   |                                |  |  |



**POLICE OFFICERS RETIREMENT SYSTEM (PORS) ELIGIBILITY CRITERIA FOR SERVICE RETIREMENT**  
**Effective July 1, 2005**

25 years of service credit (five years of which must be earned service) or age 55 with five years of earned service

**Disclaimer:** Service credit previously recorded on member statements or benefit estimates does not necessarily constitute automatic eligibility to retire. All accounts are audited after the application is received to determine eligibility. Please file your application as early as possible (up to six months prior to your planned retirement date) so the Retirement Systems may audit your account, determine eligibility, and notify you in writing that you are eligible for retirement. The following is provided as general information and is subject to change based on prevailing statutes at the time of the event in question. Contact Customer Service at 1-800-868-9002 or 803-737-6800 for forms, information about current statutes, or assistance with retirement matters.

**RETIREE GROUP LIFE INSURANCE ELIGIBILITY**

- Coverage is based on your years of PORS service credit at retirement:  
1-9 years: \$ 0 10-19 years: \$2000 20-24 years: \$4000 25 + years: \$6000
- Your employer must be covered by the PORS group life insurance program at the time of your death.
- If you are a retired contributing member at the time of your death and your current employer is covered by the group life insurance program, your coverage will be your annual compensation at the time of death, in lieu of the regular retiree group life coverage.

**MONTHLY PAYMENT PLAN SUMMARY**

All payment plans require a copy of the member's birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. If you are selecting a joint retiree-survivor plan, a copy of each beneficiary's birth certificate must be supplied. Please attach copies of birth certificates to your application--originals will not be returned. You may select only one payment plan. Your payment plan may not be changed after benefits have begun unless prevailing statutes allow a change under certain conditions--see General Information on Changing Beneficiaries and Options After Retirement below.

**Option A (Maximum - Retiree Only).** This plan will pay you a standard lifetime benefit based on your average final compensation, years of service, and a multiplier (.0214) for Class II (or \$10.97 for each year of Class I service, prorated for months and days). Upon your death, the Retirement Systems will return, through a lump-sum payment to your beneficiary, any member contributions and interest (including contributions made as a retired contributing member) not paid to you in benefits during your retirement.

**Option B (100% - 100% Joint Retiree-Survivor).** You will receive a reduced (from the maximum) monthly benefit for life and, upon your death, the benefit (100% of your benefit, including granted cost-of-living increases) will continue throughout your beneficiary's lifetime. If your designated beneficiary predeceases you, your benefit will revert to Option A (maximum payment plan), including cost-of-living increases granted since your retirement date.

**Option C (100% - 50% Joint Retiree-Survivor).** You will receive a reduced (from the maximum) monthly benefit for life and, upon your death, one-half of the benefit (50% of your monthly benefit, including granted cost-of-living increases) will continue throughout your beneficiary's lifetime. If your designated beneficiary predeceases you, your benefit will revert to Option A (maximum payment plan), including cost-of-living increases granted since your retirement date.

**INFORMATION ABOUT DESIGNATING PORS BENEFICIARIES**

The beneficiary designations you make on this application will become valid only upon your effective date of retirement.

**ESTATE**

**Option A (Maximum):** Your estate may be named to receive any contributions and interest not paid to you.

**Survivor Options (B, C):** Your estate may not be named to receive a monthly benefit.

**NOTE:** If you name your estate, upon your death, payment will be made to the designated personal representative.

**MULTIPLE BENEFICIARIES**

**Option A (Maximum):** Each surviving beneficiary will receive an equal share of any contributions and interest not paid to the retiree. If any beneficiary predeceases the member, the remaining beneficiaries will receive equal shares of any unused contributions and interest.

**Survivor Options (B, C):** Each beneficiary will receive an equal share of the monthly benefit. If any beneficiary predeceases the member, the deceased beneficiary's share ends and the remaining beneficiaries will receive their normal monthly entitlements.

**Trustees (All Plans):** Trustee designations are allowed for all payment plans. You must create the trust in a separate document and attach this trust document and a completed Form 1113, Certification of Trust, to your retirement application.

**Group Life Insurance:** You may name one or more beneficiaries, your estate, or one or more trustees.

**GENERAL INFORMATION ON CHANGING BENEFICIARIES AND OPTIONS AFTER RETIREMENT**

**Retiree Group Life Insurance:** You may change your beneficiary at any time regardless of the payment plan selected.

**Option A (Maximum):** You may change your beneficiary at any time. If you have a change in marital status you may also select a new option within one year of the change in marital status (After you retire, your spouse dies, you marry, or you divorce).

**Survivor Options (B, C):** If all of your designated beneficiaries predecease you, your benefit will revert to Option A (maximum). You must notify the Retirement Systems upon the death of your beneficiary. You may then select a new beneficiary under Option A. If you have a change in marital status you may select a new option within one year of the change in marital status (After you retire, your spouse dies, you marry, or you divorce).

Your form of monthly payment (payment plan) may not be changed more than twice regardless of the number of events (death of a designated beneficiary or change in marital status) that occur. A reversion to Option A upon the death of your beneficiary will count as one of the two changes. If a second beneficiary predeceases you after you have again selected Option B or Option C, you will revert automatically to Option A; however, no further form of payment changes will be allowed.

**AUTHORIZATION:** I hereby authorize the Retirement Systems to make any and all payments due, in the event of my death, to the beneficiaries designated on page 1 (or subsequent valid recertifications) in accordance with the rules, regulations, and statutes of the Police Officers Retirement System. I agree on behalf of myself and my heirs and assigns that any payments so made shall be a complete discharge of the claim or claims and shall constitute a release of the Retirement Systems from any further obligation on account of the benefit(s). In the event my beneficiaries predecease me, my estate will automatically become my beneficiary for payments due, unless I subsequently nominate new beneficiaries (if applicable). I reserve the right to change the designated beneficiaries by a written designation filed with the Retirement Systems in accordance with prevailing rules, regulations, and statutes.



Form 1100  
Revised 06/06/2005  
Page 1

**RETIREMENT PLAN ENROLLMENT**  
**State Budget and Control Board**  
**South Carolina Retirement Systems**  
**Attention: Enrollment**  
**Box 11960, Columbia, SC 29211-1960**

Print or type in black ink  
and sign in blue ink.  
Please read the  
instructions on page 2  
before completing this  
form.

**ACTION REQUESTED (Check One):**

- ☐ NEW ENROLLEE (First-time membership)  
☐ OPEN ENROLLMENT (Irrevocable election from State ORP)  
☐ CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT  
☐ CHANGE OF INFORMATION  
☐ Name (Prior Name): \_\_\_\_\_  
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)  
☐ Address  
☐ SSN (Old Number): \_\_\_\_\_  
☐ Date of Birth

**SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)**

|  |                  |                      |  |  |   |          |
|--|------------------|----------------------|--|--|---|----------|
| 1. Last Name & Suffix  |                  |                      | 2. First/ Middle Name  |  | 3. Social Security Number (ATTACH A COPY OF YOUR SOCIAL SECURITY CARD.)   |          |
| 4. Address   |                  |                      | 5. City  |  | 6. State  | 7. ZIP+4 |
| 8. Sex<br><br>M=Male<br>F=Female   | 9. Date of Birth | 10. Telephone Number | 11. Have you ever been a member of the South Carolina Retirement Systems?<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |  | 12. If item 11 is "Yes", indicate the name(s) of your former employer:<br><br>Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes |          |
| 13. Do you currently have a pending refund request?<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |                  |                      | 14. Are you now receiving or have you applied to receive a monthly benefit from any of the Retirement Systems' retirement plans?<br><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process |  |   |          |
| 15. Retirement Plan Election: (CHOOSE ONE)<br><input type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions)<br><input type="checkbox"/> State ORP (If State ORP, please complete item 16.)<br><input type="checkbox"/> GARS - Senator (100.01) <input type="checkbox"/> GARS - Representative (100.02)<br><input type="checkbox"/> JSRS - Judge (001.00) <input type="checkbox"/> JSRS - Solicitor (002.00) |                  |                      |  |  | 16. Select ORP Vendor<br><input type="checkbox"/> AIG Valic <input type="checkbox"/> CitiStreet <input type="checkbox"/> TIAA-CREF<br><input type="checkbox"/> The Hartford |          |

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until the Retirement Systems receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_  
(Required only when signed by mark)

**SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)**

**A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM TO ENROLL THE MEMBER. THE NAME ON THE SOCIAL SECURITY CARD MUST MATCH THE NAME LISTED IN ITEMS 1-2 IN SECTION I OF THIS FORM.**

|  |                        |                               |   |                             |
|--|------------------------|-------------------------------|---|-----------------------------|
| 18. Employer Code  | 19. Employer Name      |                               | 20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.)<br><br><input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer |                             |
| 21. Original Date of Hire with Employer listed in Items 18-19  | 22. Date of Membership | 23. Employee's Position Title | 24. Employee's Annual Salary  |                             |
| 25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.  |                        |                               |   |                             |
| Employer Signature _____   |                        | Date _____                    |   | Work Telephone Number _____ |
| For more information, please contact Customer Services at 1-800-868-9002 (in SC only), 803-737-6800, or <a href="mailto:cs@scrs.state.sc.us">cs@scrs.state.sc.us</a> |                        |                               |   |                             |



**INSTRUCTIONS**  
**(PLEASE READ BEFORE COMPLETING AND SIGNING THIS FORM.)**

Complete this form: to enroll a new member; to change a member's employer, name, address, date of birth, or Social Security number; for employees who have had a break-in-service (those who return from a leave-without-pay status of more than 13 months); or when changing from one retirement system to another, regardless of prior membership.

**ACTION REQUESTED - (CHECK APPROPRIATE BOX) (THE EMPLOYER MAKES THESE SELECTIONS.)**

**NEW ENROLLEE:** Enrolling in the Retirement Systems for the first time.

**OPEN ENROLLMENT:** Irrevocable election from State ORP - Employee previously participated in State ORP, but is now irrevocably electing membership in SCRS during open enrollment period, after the first annual anniversary but before the fifth annual anniversary of the person's initial enrollment in State ORP.

**CHANGE OF EMPLOYER/Dual employment:** A member of the Retirement Systems transferring or accepting a position with another employer or a new hire with funds on deposit in the Retirement Systems.

**CHANGE OF INFORMATION:** Changing any of the listed information and to request that the Retirement Systems update its records on the employee accordingly.

**Name (Prior Name):** Attach a copy of the marriage license or other legal document authorizing the name change.

Indicate the employee's **old name** in the space provided and list his or her **new name** in items 1-3 in Section I.

**Address:** List employee's new address (items 4-7 in Section I).

**SSN (Old Number):** Change/correct an employee's Social Security number by listing **old Social Security number** in the space provided and completing items 1-3 in Section I. (The employee's **new Social Security number** should be listed in item 3 in Section I).

**Date of Birth:** Change an employee's date of birth by completing items 1-9 in Section I.

**SECTION I - ITEMS 1-17 INSTRUCTIONS (THE EMPLOYEE COMPLETES AND SIGNS THIS SECTION.)**

**Items 1 - 10:** Complete items 1-10 by providing the requested information.

**Item 11:** Indicate if you have prior membership in any of the five retirement plans (SCRS, State ORP, PORS, GARS, or JSRS).

**Item 12:** If item 11 is "yes," provide the name(s) of the employer(s) for whom you worked and through which you contributed to the Retirement Systems or State ORP, and indicate whether or not you received a refund of your contributions.

**Item 13:** Indicate whether or not you currently have a pending refund request.

**Item 14:** Indicate whether or not you are receiving or have applied to receive a monthly benefit from the Retirement Systems.

**Item 15:** Select the retirement plan of your choice (check appropriate box). You must be eligible for membership in the retirement plan you select. To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire; be a coroner in a full-time permanent position; or be a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least \$2000 per year and devote at least 1600 hours per year to this work, unless exempted by statute. By signing this form as an employer, you are certifying that the employee meets these eligibility requirements.

**Item 16:** If you elected State ORP, you must check the appropriate box to indicate your vendor selection.

**Item 17:** Please sign and date the form after you have completed items 1-16.

Your employer will complete the remainder of the form (Section II).

**SECTION II - ITEMS 18-24 INSTRUCTIONS (THE EMPLOYER COMPLETES AND SIGNS THIS SECTION.)**

**A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM TO ENROLL THE MEMBER. THE NAME ON THE SOCIAL SECURITY CARD MUST MATCH THE NAME LISTED IN ITEMS 1-2 IN SECTION I OF THIS FORM.**

**Items 18-19:** Indicate the five-digit employer code assigned to your organization by the Retirement Systems and list the name of your organization.

**Item 20:** Indicate if this will be the employee's primary or secondary employer.

**Item 21:** List the date the employee was originally hired by the current employer.

**Item 22:** List the date the employee will begin making contributions to his or her chosen retirement plan through the current employer. If an employee is electing irrevocable membership in SCRS during the State ORP open enrollment period, the effective date must be April 1 of the current year.

**Item 23:** Indicate the employee's position title.

**Item 24:** List the employee's annual salary. If the employee is part-time, the salary may be listed as an hourly wage.

**Item 25:** Please sign and date the form, and provide your work telephone number so that the Enrollment staff may contact you if necessary.







## INSTRUCTIONS

**USE THIS FORM FOR ACTIVE MEMBER BENEFICIARY DESIGNATIONS WHICH DO NOT REQUIRE A TRUSTEE APPOINTMENT. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY EACH TIME. AN ACKNOWLEDGMENT LETTER WILL BE SENT TO THE MEMBER EACH TIME A FORM IS RECEIVED BY THE SC RETIREMENT SYSTEMS. FOR RETIREE BENEFICIARY DESIGNATION, USE FORM 7201.**

Check the appropriate boxes in the upper right corner. If you are a member of more than one system, complete a beneficiary form (FORM 1102) for each system. You should complete a form for each system of which you are a member when making any beneficiary changes (i.e. if you complete a FORM 1102 for your SCRS account, beneficiary changes will be for that system only, your prior designations for your PORS account would still be in effect).

## SECTION I

## 1-8. Complete the general information concerning yourself.

## SECTION II-A

## REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS

On this form you may designate a person(s) or your estate as beneficiary for your retirement contributions or survivor benefits. Leave the relationship, sex, date of birth, and SSN blank if you are naming your estate as beneficiary. If you are naming your estate as beneficiary, you may not designate a person(s) for this portion of your retirement benefits. If additional space is needed to designate more than 3 beneficiaries, complete and attach a second FORM 1102 and indicate on the form how many pages are being submitted. That information will assist the SC Retirement Systems in determining total number of forms submitted in the event the forms are separated during the processing.

**NOTE: SURVIVOR BENEFITS WILL NOT BE PAID TO AN ESTATE - LUMP SUM REFUND ONLY!**

## SECTION II-B

## CONTINGENT BENEFICIARY (OPTIONAL)

In accordance with §9-1-1650, §9-9-100, and §9-11-110, Code of Laws of SC (1976) as amended, an "active" member (a member who is actively employed, making regular contributions and earning service credit) may name contingent beneficiaries to receive a refund of member contributions or survivor benefits (if eligible). **{THESE CONTINGENT BENEFICIARIES HAVE NO RIGHTS, UNLESS ALL PRIMARY BENEFICIARIES HAVE DIED}**. Contingent beneficiaries may not be designated for Group Life Insurance. If you do not want a contingent beneficiary, write "NONE" in Section II-B on the reverse (page 1) of this form. **If a form is received in which the contingent beneficiary section is left blank, the designation will default to estate, even if there is a prior contingent beneficiary designation on file.**

## SECTION III

## GROUP LIFE INSURANCE

You may name different beneficiaries for the Group Life Insurance (a benefit equal to your annual salary), paid in a lump sum (if the employer has elected this coverage). The \$3,000 State Life Insurance and Optional Life Insurance are administered by the Office of Insurance Services; contact the OIS for information pertaining to those benefits. Contact your employer or SC Retirement Systems for Group Life coverage. If you do not have Group Life Insurance, write "N/A" in Section III on the reverse (page 1) of this form.

## CERTIFICATION AND CONDITIONS

1. **CERTIFICATION:** This form must be signed by the member in the presence of a notary public and be properly notarized. If more than one form is completed, **ALL** forms must be notarized on the same date. **FORMS ALTERED IN THE BENEFICIARY DESIGNATION OR CERTIFICATION SECTIONS WILL NOT BE ACCEPTED.**
2. **REVOCATION:** All previous beneficiary designations to receive retirement benefits are hereby revoked.
3. **AUTHORIZATION:** I hereby authorize the SC Retirement Systems to make payment of any refund of my accumulated contributions and/or any other payment due in the event of my death prior to retirement to the beneficiary(ies) designated on the front of this form (page 1) in accordance with the provisions of the SC Retirement Systems, and agree on behalf of myself and my heirs and assigns, that any payment so made shall be a complete discharge of the claim or claims, and shall constitute a release of the Retirement Systems from any further obligations on account of the benefit or benefits. In the event my primary beneficiary(ies) predeceases me and if a contingent beneficiary designation is on file, the SC Retirement Systems would pay any benefits due to the contingent beneficiary(ies). In the event that no primary beneficiary(ies) or contingent beneficiary(ies) are alive at the time of my death, my estate (which is ineligible for survivor benefits), will automatically become my designated beneficiary. I reserve the right to change the designated beneficiary(ies) by a written designation filed with the SC Retirement Systems in accordance with its rules and regulations.
4. **PAYMENT:** The SC Retirement Systems shall be fully discharged of liability for all amounts paid to the beneficiary(ies), and shall have no other obligation as to the application of such amounts. In any dealing with a beneficiary(ies), including but not limited to any consent, release, or waiver of interest, the SC Retirement Systems shall be fully protected against the claim or claims of every other person.
5. **MULTIPLE BENEFICIARIES:** Survivor benefits payable to 2 or more beneficiaries shall be calculated based upon the average age of the designated beneficiaries. Payments will be equally divided among surviving beneficiaries at the member's death.

Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

# *Notes*



### **Mailing Address**

**South Carolina Retirement Systems**  
P.O. Box 11960  
Columbia, SC 29211-1960

### **Location**

**Fontaine Business Center**  
202 Arbor Lake Drive  
Columbia, South Carolina 29223

### **Office Hours**

**8:15 AM - 4:45 PM**

### **Customer Services**

**(803) 737-6800**  
**(800) 868-9002**  
**cs@retirement.sc.gov**

### **Internet Web Site**

**www.retirement.sc.gov**

### **State Budget and Control Board**

**Mark Sanford, Chairman**  
*Governor*

**Grady L. Patterson, Jr.**  
*State Treasurer*

**Richard Eckstrom**  
*Comptroller General*

**Hugh K. Leatherman, Sr.**  
*Chairman, Senate Finance Committee*

**Daniel T. Cooper**  
*Chairman, Ways and Means Committee*

**Frank W. Fusco**  
*Executive Director*

### **South Carolina Retirement Systems**

**Peggy G. Boykin, CPA**  
*Director*

Total Printing Cost: \$3,737.00  
Total Number Printed: 10,000  
Cost Per Unit: \$0.3737